

DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEE

IMPORTANT

Read Instructions
on back of duplicate
before **filling** in this form

Information Concerning The Employee

NAME (Last)	(First)	(Middle)	Date of Birth (mm/dd/yyyy)
			Social Security Number

Department or AGENCY IN Which Employed

(Department or agency)	(Bureau)	(Division)

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore- made by m% do now designate the beneficiary, or beneficiaries named below to receive any UNPAID COMPENSATION due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service I further understand that this Designation of Beneficiary will remain in full force and effect until (1) expressly changed or revoked by me in writing, (2) I transfer to another agency or (3) I am reemployed by the same or another department or agency of &he Government

Information Concerning THE Beneficiary or Beneficiaries

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (Including Zip Code) of each beneficiary	Relationship	Share to be paid to each beneficiary

I hereby direct, unless otherwise indicated above, that, (f more than one beneficiary is named, the share for any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiary or entirely to the survivor I understand that this Designation of Beneficiary shall be void if none of Me designated beneficiary is living at the time OF my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary, at any time, in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary,

Date of execution-month, day, year	signature of employee

Witnesses TO SIGNATURE:

Signature of Witness	number and street	(city, state, and ZIP Code)

Signature of Witness	number and street	(City, state, and ZIPCode)

PRINT OR TYPE NAME AND ADDRESS (INCLUDING ZIP CODE) OF EMPLOYEE

THIS SPACE RESERVED FOR RECEIVING DATA
OF EMPLOYING AGENCY

indicate date and by whom received

DELIVER BOTH COPIES TO THE PROPER OFFICER OF YOUR AGENCY - DUPLICATE WILL BE NOTED AND RETURNED

IMPORTANT-The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

EXAMPLES OF DESIGNATIONS

How To DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each Beneficiary	Type or print address (Including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Catherine M. Jackson*	2808 Southern Avenue Williams, Indiana 46728	Sister	All

How To Designate More Than One Beneficiary

Type or print first name, middle Initial, and last name of each beneficiary	Type or print address (Including ZIP Code) Of each beneficiary	Relationship	Share to be paid to each beneficiary
Susan L. Brown**	110 Prince Street Anniston, New York 14607	Aunt	One-fourth -
Mary Joe Carson	230 Duke Street Anniston, New York 14607	Niece	One-fourth
Elizabeth H. Howard	2301 State Street Weaver, Ohio 44405	Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle Initial, and last name of each beneficiary	Type or print address (Including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
William J. Johnson, if living	244 South Ann Street Olney, Georgia 31204	Father	All
Otherwise to, Sarah L. Johnson	244 South Ann Street Olney, Georgia 31204	Sister	All

HOW TO CANCEL A Designation Of Beneficiary so That Amount Due Will Be Payable As Provided In the Law

Type or print first name, middle Initial, and last name of each beneficiary	Type or print address (Including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

- Do not write name as C.M. Jackson or as Mrs. John H. Jackson
- -Be sure that the shares to be paid to the several beneficiaries add up to 100%